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For Black People, a 'Return to Normal' After The Coronavirus Pandemic Isn't Enough

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It did not take long for coronavirus to refresh national attention to multiple disparities burdening Black people in the U.S. Within two months of the first documented cases, this crisis is following a racialized pattern that should be all too familiar in these United States. Black people are dying from yet another health condition at rates higher than their percentage of the population. Coronavirus joins a well-known list of maladies from which Black people suffer higher mortality, including HIV/AIDS, breast cancer, asthma, heart disease, and diabetes.

What remains to be seen is what we will learn from lessons this COVID-19 pandemic reveals. Might this vital learning move us to act in ways fundamentally different from what we've done in the past when Black survival was threatened? What might we draw from our failures and successes in addressing AIDS and what it exposed about us?

In the mid-1980s, as organizations and programs were founded to respond to AIDS in Black communities, certain beliefs about HIV susceptibility surfaced. Several simplistic factors were carelessly applied to monolithic perceptions of Black and Black queer cultures. One oft-cited understanding was that Black people had "too much on their plate," which passively lumped key barriers together as part of a normalized state of

Black life. The history of the Tuskegee Syphilis Study was a worn reference applied to all anxieties about modern public health care.

The 1990s brought us the nefarious "down low." For a time, the most popular of HIV tropes, the down-low man was a hyped stereotype touted to explain high infection rates among heterosexual cisgender Black women. The myth cast a useful villain, enabling us to bypass the more complex work of challenging homophobia and facilitating honest communication between Black heterosexual men and women and also addressing the high rates of unemployment, poverty, mass incarceration, and lack of health coverage in Black communities—issues that definitely drove the epidemic but would have indicted our government, not down-low men or Black gay men. Instead, we spent too many wasted years peddling Black pathologies, which provided a lazy shortcut, sparing funders (public and private) from having to invest in innovative responses and confront structural oppression.

When I seroconverted in 1985, Black people represented 12% of the U.S. population yet 25% of people living with HIV/AIDS. On the men's room wall at the Sheridan Square diner, a favorite haunt in New York City's Greenwich Village, someone had scribbled, "All you fags better just step on them claymores" [A claymore is a land mine used in war]. I will never forget reading those words and believing because of what I was, a Black man who had sex with men, I was doomed. My distilled pride was not enough to inoculate me from the shame that came with my HIV infection. I had not considered that neither the leaders of my country nor my city had lifted a finger to save me or my kind. I was too young to appreciate the vulnerability of my youth or that my sexuality was not just some sweet sticky indulgence, but a divine gift. I only knew that I had "it," it was my fault, and it would validate my mother's expressed fears about my homosexuality.

By 2015, Black people made up 43% of people living with HIV/AIDS in the U.S. I was working as a prevention programs manager at an HIV prevention project in Atlanta. Two of the employees I supervised seroconverted during their employ. They both told me that they were afraid to share this outcome with me because they thought I would be disappointed. As recognized leaders, they thought that they had let down the young men they served. Like that earlier generation of HIV-positive young men, they faulted themselves because they "should've known better." Even though they also knew that our behaviors are influenced by more than our knowledge, they blamed themselves—

just as I blamed myself 30 years before them. In time, they set themselves free of guilt and thrived with a deeper pride. They went on to innovate models of self-advocacy for Black men living with HIV in Georgia, where Black folks represent 32% of the state population and 70% of people living with HIV.

Forty years after the onset of AIDS, Black people are bearing the brunt of yet another viral plague. Will Black folks' behaviors again be highlighted to redirect the focus away from longstanding inequities largely ignored by consecutive administrations?

Surgeon General Jerome Adams' first culturally specific messaging to Black and Latinx communities does not bode well. Adams started squarely enough, by reminding listeners about universal risk-reduction guidelines familiar to most Americans. It was the one line he added about avoiding alcohol, drugs, and tobacco that was the departure. These particular behaviors had not been associated with any other demographic in any coronavirus briefings. The singularity seems clear. To have the nation's leading public health official, a Black man, check other Black folks for implied excesses as anguished families are burying their beloveds is an act of conspiratorial callousness. While he listed environmental factors, the surgeon general made no mention of the forces he undoubtedly knows impose those factors. If he wanted his message to resonate with Black and Brown folks, he could have drawn connections between institutional racism and the conditions that erode the wellbeing of our communities. Instead, he name-dropped the familiars, "Big Mama," "Pop Pop," and "abuela," like a public-relations hack pitching some "down with the people" drag. It rang cheap and false.

In the song, "God Bless the Child," Billie Holiday observed, "Them that's got shall get, them that's not shall lose. For the Bible says, and it still is news." Lady Day's succinct read applies now and down through the ages.

Be it AIDS or coronavirus, lynching or modern police executions, each echo of Black folks' blues is reported as if previously unheard of. Reactions toward the overrepresentation of coronavirus deaths among Blacks carry a tone of surprise that has become cliché. Rarely are these disparities explained in their historical contexts. If they were, more people would question why so little has been done to address them.

I pray that as we move forward, we aim higher than a return to normal.

It is not in the interest of the vast majority to go back to the way all things were. Normal is a once-upon-a-time where we used to live. While we may regain full freedom of movement and connection, even those will be restrained. In the pit of that long night 30 years ago, Essex Hemphill wrote, "Now we think as we fuck." So shall we think as we touch or gather. I am not sure how, if at all, this has changed us, but should we fail to transform with measure, we will have reneged on the thousands of lives lost this killing spring.

There is a legion of activists, health educators, doctors, poets, and artists who trained on the AIDS frontlines and have enlisted in this COVID-19 battle. They were among the first to demand more racial data and the dissemination of information about symptoms and where to get tested. They are organizing virtual forums about COVID-19 and HIV. They are posting video panels about sex and self-pleasure in this distancing era. They know how to advocate, organize, educate, and agitate in the midst of an epidemic. They come from a long line of abolitionists, freedom fighters, Stonewall rioters, and AIDS activists who would not live to see the fruit of their actions. They will not settle for soundbites about Black people dying faster than anyone else. In the new world, we will no longer settle for the summation, "When America catches a cold, Black people get pneumonia." We must be about the business of ending that unacceptable reality we thought was normal. I am an openly HIV-positive, 60-year-old Black gay man who has lived to tell it on the mountain. Fuck normal.

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